| COUNTY | | | ITEM NO. | | | | PARCEL | NAME | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| PROJECT NO. | | | FEDERAL NUMBER | | | | | PROJECT | | | | | | | |
|  | | |  | | | | |  | | | | | | | |
| **TYPE OF MOVE** | | | |  | Business | | |  | Farm | |  | Nonprofit | | | |
| **BUSINESS/FARM** | | | | | | | | | | | | | | **YES** | **NO** |
| 1. | Does this business/farm own/rent personal property which must be moved and for which an expense will be incurred? | | | | | | | | | | | | |  |  |
| 2. | Will this business/farm be required to vacate or relocate from its displacement site? | | | | | | | | | | | | |  |  |
| 3. | Did this business/farm contribute materially to the income of the displaced person during the two taxable years prior to displacement? | | | | | | | | | | | | |  |  |
| ***Answer 4-10 for a business; Answer 11- 14 for a farm*** | | | | | | | | | | | | | | | |
| 4. | Will relocation cause this business to suffer a substantial loss of its existing patronage? | | | | | | | | | | | | |  |  |
| 5. | Is this business part of a commercial enterprise having more than three other entities which are not being acquired, and which are under the same ownership and engaged in the same or similar business activities? | | | | | | | | | | | | |  |  |
| 6. | Is this business operated at a displacement dwelling or site solely for the purpose of renting such dwelling or site to others? | | | | | | | | | | | | |  |  |
| 7. | Are this business's premises or equipment shared with another entity? *(If No, skip 8-10)* | | | | | | | | | | | | |  |  |
| 8. | Are substantially identical or interrelated business functions carried out and business and financial affairs commingled with another business? | | | | | | | | | | | | |  |  |
| 9. | Are multiple entities held out to the public, and to those customarily dealing with them, as one business? | | | | | | | | | | | | |  |  |
| 10. | Does the same person or closely related person own, control or manage affairs of the entities? | | | | | | | | | | | | |  |  |
| 11. | What is the farm’s principal product? | | | | | | | | | | | | | | |
| 12. | Is this farm being acquired in its entirety? *(If Yes, skip 14 and 15)* | | | | | | | | | | | | |  |  |
| 13. | Did this partial acquisition cause the operator to be displaced from the farm operation on the remaining land? *(Use additional page to explain)* | | | | | | | | | | | | |  |  |
| 14. | Did this partial acquisition cause a substantial change in the nature of the farm operation? *(Use additional page to explain)* | | | | | | | | | | | | |  |  |
| ***Payment requests must be supported by documents in the form of complete, certified tax returns.*** | | | | | | | | | | | | | | | |
| **NONPROFIT ORGANIZATION** | | | | | | | | | | | | | | **YES** | **NO** |
| 1. | Will relocation cause this organization to suffer a substantial loss of its existing membership or clientele? | | | | | | | | | | | | |  |  |
| ***Payments in excess of $ 1,000 must be supported with financial statements for the two 12 month periods prior to displacement. Payment will be the average of two years annual gross revenues less administrative expenses.*** | | | | | | | | | | | | | | | |
| **PAYMENT CALCULATION** | | | | | | | | | | | | | | | |
| YEAR OF DISPLACEMENT | | | | | | | | | | | | | | | |
| **TWO YEAR OR MORE OPERATION** | | | | | | | | **LESS THAN TWO YEAR OPERATION** | | | | | | | |
| A. | Net earnings for taxable year immediately preceding displacement | | | | |  | | A. | | Net earnings for months in operation prior to year displaced | | |  | | |
| B. | Net earnings for second taxable year preceding displacement | | | | |  | | B. | | Months in operation | | |  | | |
| C. | Total 2-year net earnings *(A+B)* | | | | |  | | C. | | Average Monthly Income *(A / B)* | | |  | | |
| **AVG. NET EARNINGS *(C divided by 2)*** | | | | | |  | | **AVG. NET EARNINGS *(C times 12)*** | | | | |  | | |
| **TOTAL FIXED PAYMENT** *(****Minimum $1,000 - Maximum $40,000)*** | | | | | | | | | | | | |  | | |
|  | | **ADVANCED CLAIM PAYMENT REQUEST:** I will verify the completion of the move before payment is made. | | | | | | | | | | | | | |
|  | | **ADVANCED PAYMENT REQUEST:** I will verify the completion of the move before final payment is made | | | | | | | | | | | | | |
|  | | **VERIFICATION OF MOVE:** I have verified the information contained herein and will verify the completion of the move before payment is made. | | | | | | | | | | | | | |